

CHAPTER 1
SECTION 4.7

FOLLOW-UP HOSPITAL VISITS

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I. PROCEDURE CODE RANGE

99231 - 99233; 99238, 99239

Effective January 1, 1992, the American Medical Association Current Procedural Terminology (CPT) evaluation and management service codes (i.e., visit codes) were revised. The former CPT 90000 series codes were replaced by a new CPT 99000 series. These new codes were adopted for claims processing for claims submitted on or after January 1, 1992.

II. DESCRIPTION

Follow-up hospital visits (subsequent hospital care) are visits subsequent to the initial visit. They include: examination of the patient, assessment of technically acquired data, alteration in the diagnostic or treatment plan, maintenance of hospital records, discussion with the patient and family regarding medical status and the following specific services:

- A. Routine administration of blood, plasma, and intravenous fluids, except in patients under three years of age
- B. Evaluation of laboratory and x-ray reports
- C. Application or changing of dressings
- D. Reviewing progress and nursing notes
- E. Writing orders

III. POLICY

A. Hospital visits are covered when provided by an individual professional provider for the diagnosis or treatment of a specific illness or condition or set of symptoms. Visits are classified according to the following factors:

1. Approach and detail of the medical history;
2. Extent of the examination;

3. Complexity of the decision making process;
4. Severity of the presenting problem; and
5. Time spent in direct professional care of the patient.

B. If the claim does not specify the level of the visit, it will be processed and paid under CPT procedure code 99231.

C. More than one hospital visit on the same day by the same provider to a patient is not covered unless the contractor's medical review staff determines that multiple visits are appropriate. See [Chapter 1, Section 26.7](#) of this chapter for an exception to this policy in critical care situations.

D. A hospital visit on the final day (99238, 99239) includes examination of the patient, discussion of the illness and prognosis, instructions for continuing care and completion of the hospital and insurance records. No additional charge is payable for the hospital discharge summary.

E. No payment may be made for discharging a patient by telephone.

IV. POLICY CONSIDERATIONS

A. Hospital visits at the 99232 and 99233 level may be covered for up to seven visits during the episode of care. Claims which exceed seven visits must be documented as to the medical necessity for the higher level and must be submitted to medical review. Claims which do not contain the required documentation will be processed and paid under CPT procedure code 99231.

B. Only the attending physician can render and bill for follow-up visits. If the attending physician requests the opinion or advice of another physician, that physician's services are to be billed and reimbursed as a consultation. (See [Chapter 1, Section 8.2](#) for policy on consultations.) Follow-up visits by a surgeon are to be included in the surgical fee.

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